

Central New Hampshire Public Health Region Community Health Improvement Plan 2015



Central New Hampshire Public Health Advisory Council

with support from the

Central New Hampshire Health Partnership

*WORKING TO IMPROVE THE HEALTH AND WELL-BEING OF
CENTRAL NEW HAMPSHIRE COMMUNITIES*



EXECUTIVE SUMMARY

The Central New Hampshire Public Health Advisory Council is pleased to present the first Community Health Improvement Plan for the Central New Hampshire Public Health Region. This plan builds upon the work of individuals working collectively with support provided by the Central New Hampshire Health Partnership. Our collective vision is to transform public health in our community to an integrated system capable of seamless collaborations among all healthcare providers and public safety personnel with constructive engagement of patients, families, and communities. Through this integrated system, all people will have equitable access to timely, comprehensive, cost-effective, high-quality, and compassionate care.

Public health is the practice of preventing disease and promoting good health within groups of people-- from small communities to entire countries. Public Health is YOUR health. It embodies everything from clean air to safe food and water, access to healthcare and safer communities.

Through public health planning and prevention initiatives, the public gets sick less frequently, children grow to become healthy adults through adequate resources including health care, and our community reduces the impact of disasters by preparing people for the effects of catastrophes such as hurricanes, floods and terrorism.

In preparing this Plan, the Council and its workgroups have reviewed needs assessments, utilizing data from many different sources such as community focus groups, key stakeholder interviews, and surveys. Building on this information, needs have been prioritized and work plans have been developed. This Community Health Improvement Plan identifies needs, goals, measurable objectives, and strategies to help us as we work together on solutions to important issues facing our community.

We are all responsible for the health of our citizens. The importance of healthy living and safety in our homes and communities are values that we all share. We look forward to working with the entire community to better understand the health problems confronting our citizens and to implement strategies to respond to the public health needs of our community.

We invite you to read through the report, study the objectives and strategies, and consider how you can become involved. The Central New Hampshire Public Health Advisory Council thanks the individuals, agencies, state and local governments who have made this plan possible through their important contributions of time and effort.

Central New Hampshire Health Partnership

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Central New Hampshire Public Health Advisory Council

The Central NH Public Health Advisory Council (PHAC) is comprised of several board members of the partnership organizations and various community stakeholders including representatives from local businesses, law enforcement, education, community and family support services.

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INTRODUCTION

The Community Health Improvement Plan for the Central New Hampshire Public Health Region reflects the understanding that the quality of the communities where we live, work, and play is as important to achieving good health as receiving regular health care services, proper nutrition, and adequate physical activity. There are many factors that influence health. The physical environment, economic and social factors, and clinical care all contribute to individual and community health outcomes and are incorporated into this plan.

This Community Health Improvement Plan (CHIP) is intended as a guide for systematic and collective efforts to address high priority health issues in our communities. The Plan recommends goals, objectives and strategies for action and is intended for collaborative use by entities across multiple community sectors including health care and public health, local government, education, social services, business, faith, and voluntary agencies and organizations. The CHIP can help to guide policy, program and resource allocation decisions that optimize health and well-being. This is truly our community's plan for health, designed to be implemented through collective action by community agencies, partners, and residents across our region. Working together we can reach our shared vision for a vibrant and healthy community characterized by accessible, integrated systems of service delivery with focused attention on meeting the needs of underserved populations.

Central New Hampshire Health Partnership and Public Health Network

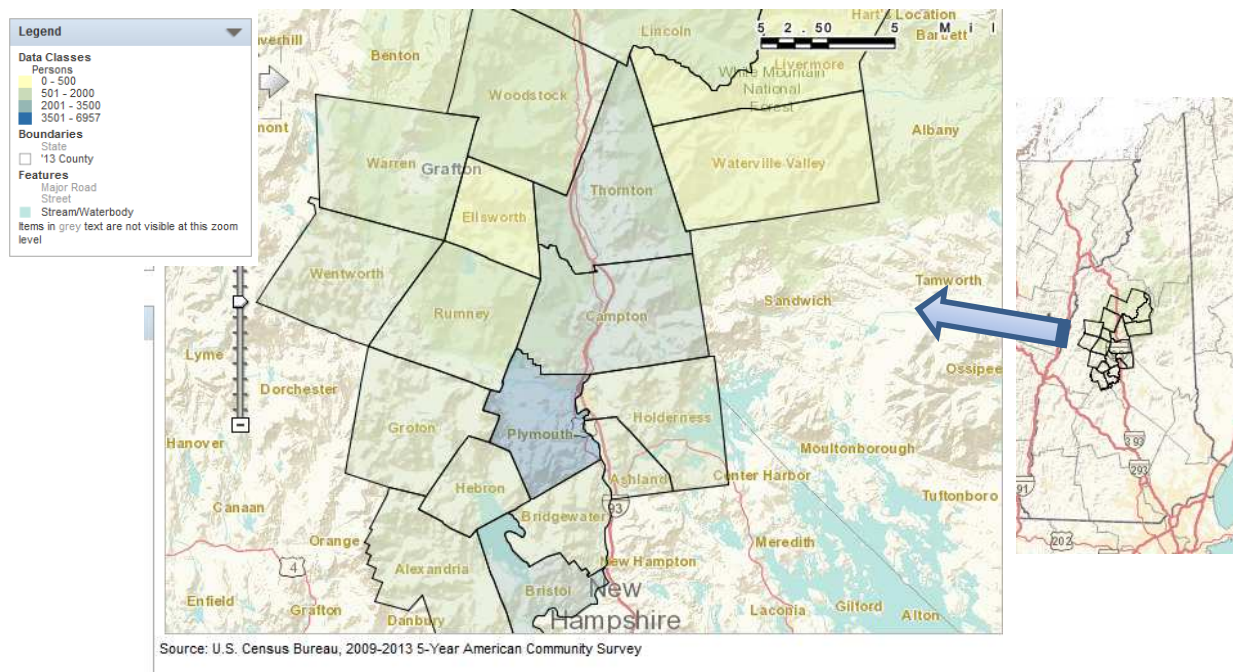
The Central New Hampshire Health Partnership (CNHHP) is a collaborative of organizations working to enhance and improve community health and public health-related services throughout the region. The mission of CNHHP is to improve the health and well-being of Central New Hampshire communities by collaborating to optimize prevention, access, and coordination.

The CNHHP hosts the Central New Hampshire Public Health Network, one of 13 regional public health networks in New Hampshire. Each public health network includes a host agency that convenes, coordinates, and facilitates a broad partnership of organizations and individuals who contribute to or have a stake in the health of their region. Each host agency provides leadership through a regional Public Health Advisory Council and provides a variety of services including Public Health Emergency Preparedness and Substance Misuse Prevention.

The Central New Hampshire Public Health Advisory Council has assisted CNHHP in the development of this Community Health Improvement. The Council is comprised of community leaders and representatives from a diverse group of community sectors, health care, public health, business, faith, government, education, social services, mental health, and citizen representatives. The primary work of the Council is to set regional health priorities, provide guidance to regional public health activities, and ensure coordination of health improvement efforts. More information about each of New Hampshire's Public Health Councils and Networks can be found at nhphn.org/who-we-are/public-health-networks/.

Community Profile

The Central New Hampshire Public Health Region includes the towns of Alexandria, Ashland, Bridgewater, Bristol, Campton, Ellsworth, Groton, Hebron, Holderness, Lincoln, Livermore, Plymouth, Rumney, Thornton, Warren, Waterville Valley, Wentworth and Woodstock. CNHHP serves approximately 30,000 people living in these 18 communities.



Growing Population: The population of the Central NH Public Health Region has been growing (15.0% increase between the 2000 and 2010 US Census) at a rate faster than the population growth in New Hampshire overall (6.5% increase).¹ Most of this population increase has occurred among residents who are 50 years of age or older, while the total number of residents under 50 has declined slightly.

Older Population: Residents of the Central NH Public Health Region are slightly older on average with 15.2% of the population age 65 years or older compared to the State of New Hampshire with 14.2% of the population 65 or older.²

People Living in Poverty: The percentage of individuals in the Central NH Public Health Region living with incomes at or below 200% of the federal poverty level (32.7%) is notably higher than the rate for New Hampshire overall (22.0%).² It is also important to note that the percentage of children (ages 0-17) living in poverty across the Central NH Public Health Region (13.8%) is also notably higher than in New Hampshire overall (10.9%).²

Disability Status: Disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. In an attempt to capture a variety of characteristics that encompass the definition of disability, the US Census Bureau identifies people reporting serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. As shown by the table below, a higher proportion of the population in the Central NH Public Health Region report living with a disability compared to the state overall.

| Percent of Population with a Disability | New Hampshire | CNHHP Region |
|--|----------------------|---------------------|
| Percent of Total Population | 11.8% | 13.9% |
| Under 18 years | 5.4% | 7.1% |
| 18 to 64 years: | 9.5% | 10.1% |
| 65 years and over: | 31.4% | 37.9% |

Data Source: U.S. Census Bureau, 2008-2012 American Community Survey 3-Year Estimates.

¹ Data Source: US Census Bureau, Decennial Census. 2000 - 2010

² Data Source: US Census Bureau, American Community Survey. 2009-13

Community Health Improvement Plan Development

During 2015, the Central New Hampshire Public Health Advisory Council engaged in a community health improvement planning process. The purpose of this process was to engage community partners to:


- Identify and evaluate health issues
- Provide information to community members
- Help plan effective interventions
- Provide a baseline to monitor changes and trends
- Build partnerships and coalitions
- Identify emerging issues
- Identify current regional public health priorities
- Develop a Community Health Improvement Plan

The community health improvement planning process began with review of several related community health assessments of the region and consideration of priority areas for action that were highlighted by the findings of these assessments.

Community Health Needs Assessment

Assessment of community needs has been an integral part of the work done by the CNHHP for addressing health issues in our region. In 2011, the Partnership collaborated for the first time to conduct a comprehensive community needs assessment. With assistance from the New Hampshire Community Health Institute, the CNHHP conducted a multi-faceted survey and data collection process to understand community needs and to inform decision-making regarding priorities and activities needed to improve public health in the region and to assist in realization of the Mission and Vision of the CNHHP. The Community Health Needs Assessment was updated in 2014 through a series of community discussion groups convened and moderated by members of the CNHHP and a review of available population demographics and health status indicators.

Focus groups included community leaders and community residents representing a variety of community stakeholder sectors. Community needs identified in the 2011 Assessment were re-evaluated and updated, new issues were identified and incorporated into future planning, as well as used to inform the newly-formed Public Health Advisory Council about community perceptions, concerns, and issues related to public health. Additional data resources are also regularly used to identify community public health needs such as the TAP Survey of high-school youth in the region, CNHHP agency-specific survey and demographic data, state- and county-wide data available publicly, and results from CNHHP agency-specific projects and collaborations.



The purpose of each of these assessments was to identify community health concerns, priorities and opportunities for community health and health care delivery systems improvement. Priorities and opportunities for community health improvement were identified by considering such factors as:

- Does the health factor or outcome have the potential to result in severe disability or death?
- Does the health factor or outcome impact a large number of people?
- Does the health factor or outcome disproportionately impact a subgroup of the population?
- Will the health factor or outcome, if not addressed, result in significant health care or social costs?
- Is the health factor or outcome feasible for the region to address in terms of cost, resources, and community will?
- Will addressing the health factor or outcome build on existing efforts and partnerships?
- Is the health factor or outcome not being adequately addressed by current efforts in the region?

Planning Process

The Public Health Advisory Council used the results of the 2014 Community Health Needs Assessment and the NH State Health Improvement Plan as the basis for identifying community priorities. A part of the 2014 Community Needs Assessment process was to include community feedback from the focus groups on the ranking of priorities. In this way, the Community Health Needs Assessment results held significant weight when determining priority areas for this Community Health Improvement Plan. Proposed priorities developed by PHAC members in attendance at several PHAC meetings were sent to all PHAC members via email for examination and comment before being adopted, to ensure that perspectives, knowledge and expertise from a wide cross-section of stakeholders was included. Feedback was taken into account when finalizing the Community Health Improvement Plan priorities. As the PHAC is an advisory group to the CNHHP, the priorities outlined by the PHAC were forwarded to the CNHHP. It was the CNHHP's responsibility to provide leadership for the finalization of the Community Health Improvement Plan, and to further assess priorities and assign them based on capabilities, feasibilities, and available resources.

The Public Health Advisory Council continues to meet regularly to gain information about current public health issues from regional partners, to understand community public health trends and associated community response, and to inform and advise the CNHHP on priorities and plans. Because the individuals who serve on the PHAC include representatives from a broad cross-section of towns, community sectors and stakeholders, their feedback is vital to planning for community health. As a result, the

CNHHP relies on the input of the PHAC in developing public health plans, as well as to inform plan implementation and evaluation.

In some cases, the strategies included in this plan are building on the efforts of existing partnerships and workgroups, while in other cases new workgroups will be formed. In all cases, these efforts are moving forward in collaboration with multiple local organizations and individuals representing a broad cross-section of regional assets and strengths.

Community Health Improvement Priorities and Plans

The top public health priority areas chosen by the Central New Hampshire Public Health Advisory Council and CNHHP for focused community health improvement efforts over the next five years are shown below. These pressing needs, each requiring integrated approaches and solutions, have prevented our community from reaching its full potential.

- 1. Prevent Obesity through Healthy Eating and Active Living**
- 2. Improve Access to Mental and Behavioral Health Care Services**
- 3. Reduce Substance Misuse and Addiction Through Prevention, Treatment and Recovery**
- 4. Increase Public Health Emergency Preparedness**
- 5. Improve Health through Support of Fragile Families & Reduction of Familial Stress**

The remainder of this Plan provides more in-depth information about each of the public health priority areas listed above and plans for improvement. In some cases, objectives that are included in this Plan are described as developmental. These objectives describe important areas in which strategic action will occur, but for which quantitative baseline data are not currently available at the regional level. An important aspect of our work will be to engage state and local partners to assemble more specific information that can better describe our progress toward improving the health of our communities.

PRIORITY AREA 1: Prevent Obesity through Healthy Eating and Active Living

Background and Importance

Excess weight has become a prevalent problem in the United States. Being overweight or obese can indicate an unhealthy lifestyle that puts individuals at risk for a variety of further health issues including hypertension, heart disease and diabetes. Healthy lifestyles including healthy eating and regular physical activity habits begin at an early age and can be linked to a number of factors including the social and physical environment.

In the 2014 Community Needs Assessment, diet, nutrition, and access to healthy foods was selected as a top priority for community health improvement by community discussion group participants overall and by participants from Mental Health and Business Communities in particular. About 70% of adults in the region self-report consuming less than 5 servings of fruits and vegetables each day. About 1 in 5 people can be considered to have limited access to healthy foods.


Physical Activity, recreational opportunities, active living was also selected as a top priority for community health improvement by community discussion group participants overall and by participants from Education and Business Communities in particular. About 1 in 5 adults in the CNHHP Region can be considered physically inactive – a rate similar to the rest of New Hampshire. Approximately 60% of Mid-State Health Center’s patient population has a BMI rate in the Overweight or Obese category.

The societal trend toward unhealthy body weight has also occurred among children. The indicators below display the results of a recent sample of third grade students from Grafton County. The proportion of overweight or obese children in the region is similar to overall rates across New Hampshire.

| Geographic Area | Percent Obese, 3rd grade students | Percent Overweight or Obese, 3rd grade students | Obesity among WIC enrolled children |
|-----------------|-----------------------------------|---|-------------------------------------|
| Grafton County | 15.9% | 31.1% | 13.8% |
| New Hampshire | 12.6% | 28.0% | 14.1% |

Data Source, 3rd grade students: NH 2013-2014 Third Grade Healthy Smiles-Healthy Growth Survey, NH DHHS.
Regional rates are statistically different and higher than overall NH rates.

Data Source, WIC enrolled children: Pediatric Nutrition Surveillance System, 2013.



Obesity prevention can begin at birth. Research has shown that breastfeeding not only improves the health of babies, but also of mothers who breastfeed. Breastfed babies are less likely to develop chronic diseases such as asthma, obesity, and type 2 diabetes, and breastfeeding mothers are less likely to experience postpartum depression, or develop ovarian and breast cancers, and type 2 diabetes.³ In New Hampshire, the percentage of babies who started breastfeeding increased from 81% in 2000 to 86% in 2010.⁴ Further, the percentage of babies being breastfed at six months of age increased from 34% in 2000 to 54% in 2010.

Regional Initiatives and Opportunities

Regional assets and opportunities for supporting work in this area include:

- Good access to natural recreational resources
- Local farms and buy local foods initiatives such as Local Foods Plymouth
- Physical activity and nutrition education and policies in worksites, community centers and schools, including 5-2-1-0 health education messaging
- Community outreach activities through Plymouth State University, Center for Active Living and Healthy Communities
- Comprehensive screening and counseling practices in primary care settings
- Ongoing collaboration between Speare Memorial Hospital, Mid-State Health Center and Community Action Program Belknap-Merrimack Counties (Women, Infants and Children (WIC) nutrition program to improve breastfeeding rates.

³ Office on Women's Health in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services . Retrieved from WomensHealth.gov: www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important/index.html

⁴ Press Release. New Hampshire Breastfeeding Rates Rise Along With Decrease In Obesity Among Low-Income Children. Maternal and Child Health, NH Department of Health and Human Services. Publish Date: August 16, 2013

Goals, Objectives and Strategic Approach

| | |
|---------------|---|
| Goal 1 | Promote healthy eating and active living at an early age to reduce the lifelong burden of chronic diseases such as heart disease, stroke, diabetes and cancer. |
| Objective 1 | Reduce overweight and obesity rates among elementary school age children by 3% by 2020. |
| Objective 2 | Increase the percentage of women who initiate breastfeeding of newborns by 5% by 2020. |
| Goal 2 | Support achievement of healthy weight goals by adults through primary care-based counseling and community-based nutrition and physical activity initiatives. |
| Objective 1 | Reduce overweight and obesity rates among adults in the CNHHP region by 5% by 2020. |

STRATEGIC APPROACH

STRATEGY 1: Partner with area schools and school nurses to incorporate 5-2-1-0 health education messaging and supports (5 – fruits and veggies; 2 – hours or less of recreational screen time; 1 – hour or more of physical activity; 0 – sugary drinks, more water).

STRATEGY 2: Implement universal screening and counseling for obesity in primary care preventive visits using BMI measurement, diet and exercise information and counseling, and establishment of health weight plans as indicated.

STRATEGY 3: Work with patients and regional providers of perinatal services to review and improve current strategies for promoting breastfeeding.

STRATEGY 4: Increase access to healthy and affordable fruits and vegetables (community gardens, farmer's markets, through the WIC program, in food pantries).

STRATEGY 5: Support safe, accessible public spaces for physical activity (parks, trails, sidewalks, bike paths, good lighting).

PRIORITY AREA 2: Improve Access to Mental and Behavioral Health Care Services

Background and Importance

Good mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships, and the ability to adapt to and cope with life's challenges. Mental health is essential to youth and adults for personal well-being, family and interpersonal relationships, and the ability to contribute to one's community.

Behavioral health care services include approaches to promoting well-being by preventing or intervening in mental illness such as depression or anxiety, as well as preventing or intervening in substance abuse or other addictions. Unfortunately, mental illness and addictions continue to be associated with stigma that may prevent seeking or receiving needed health care services. Additionally, capacity for behavioral health care services is often insufficient and in some cases not well connected to other parts of the health care system. People with both acute and chronic mental health conditions are often under-diagnosed and under-treated, leaving them with significantly poorer health and social outcomes including shortened life spans, lower rates of steady employment, and higher rates of homelessness.

A shortage of behavioral health professionals can contribute to reduced access and poorer health outcomes. In the Central New Hampshire Public Health Region, the ratio of residents per behavioral care provider is higher than for New Hampshire overall and the entire service area is designated by the federal government as a Mental Health Professional Shortage Area. According to the most recently available data, residents of the CNH Public Health Region are also significantly more likely to use an emergency department for mental health conditions.

| Geographic Area | Rate of Emergency Department Visits for Mental Health Conditions (per 100,000 people; all ages) ⁵ |
|-----------------|--|
| CNHHP Region | 1,512 |
| New Hampshire | 1,112 |

⁵ Data Source: NH DHHS Hospital Discharge Data Collection System, 2009. Regional rate is statistically different and higher than the overall NH rate

Regional Initiatives and Opportunities

Existing resources and opportunities that can be built upon in this priority area include:

- The federal Affordable Care Act provides important new opportunities to improve access to behavioral health care services by making coverage and treatment an essential benefit of plans offered through the health insurance exchange and through expansion of Medicaid benefits.
- Locally, Genesis Behavioral Health is a key provider organization of behavioral health services. Genesis Behavioral Health (GBH) is working to increase the depth and breadth of Substance Use Disorder services for individuals dually diagnosed with mental health and addiction illnesses.
- GBH is also working on the OneHealth initiative to improve health outcomes for persons with serious mental illness. OneHealth aims to implement an integrated model of care that will become a person-centered behavioral health home by integrating behavioral health care and primary health care at two main GBH service locations.
- GBH is working to expand the number and scope of licensed staff, as well as partnering with Plymouth State University to address workforce retention.
- GBH is also working to improve access to care by expanding transportation services, expanding service sites and hours of operation and by developing an improved urgent care model.
- Speare Memorial Hospital recently employed a part time Psychiatrist who is available to assist primary care providers with medication management and other consultation on more complex cases managed in the primary care setting.
- The CNHHP is implementing project Ignite: Making Connections that Spark Change to improve outcomes for patients with depression and a co-occurring chronic medical condition such as diabetes or hypertension.

Goals, Objectives and Strategic Approach

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|---------------|--|
| Goal 1 | Increase access to mental health and substance abuse treatment* services in the Central New Hampshire Public Health Region. |
| Objective 1 | Increase the ratio of Behavioral Health Care Providers per resident population by 10% by 2020. |
| Objective 2 | Decrease the rate of emergency department visits for mental health conditions by 10% by 2020. |

STRATEGIC APPROACH

STRATEGY 1: Recruit and retain additional licensed clinicians.

STRATEGY 2: Expand service sites and hours of operation.

STRATEGY 3: Continue to implement and sustain activities to support effective delivery of mental health services in the primary care setting including:

- Psychiatric consultation to primary care clinicians for management of medications and more complex cases (Speare);
- Project Ignite care management model in primary care to increase screening and access to behavioral health care management for patients 55 and older with depression and co-occurring chronic illness such as diabetes or hypertension

STRATEGY 4: Through the OneHealth initiative, continue to implement and sustain effective delivery of primary care services in the mental health setting for persons with serious mental illness.

*Note: Additional goals and objectives for increasing access to substance misuse treatment are addressed in the next priority area of Substance Misuse and Addiction Prevention, Treatment and Recovery.

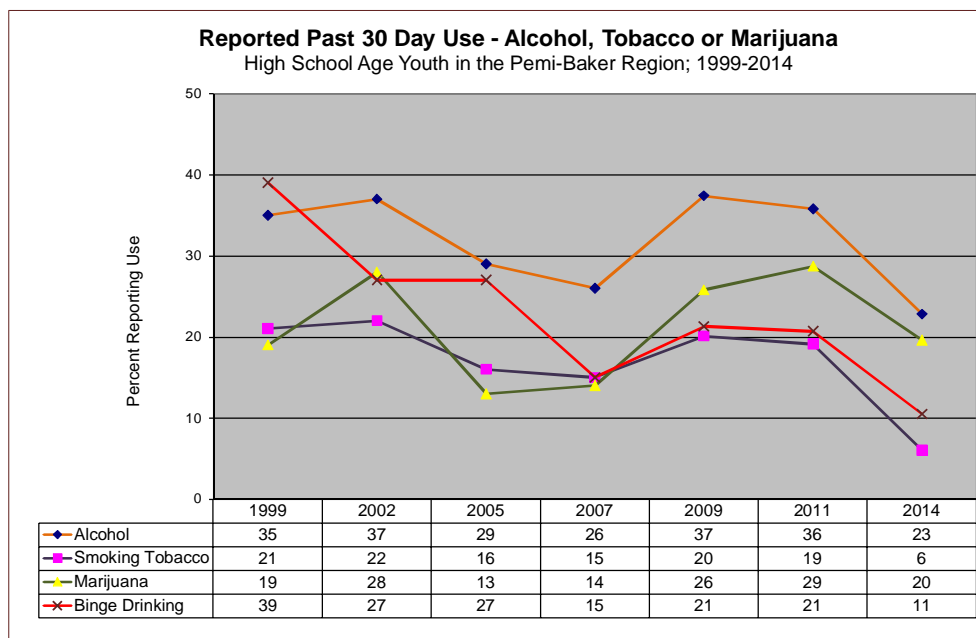
PRIORITY AREA 3:

Reduce Substance Misuse and Addiction through Prevention, Treatment and Recovery

Background and Importance

Substance misuse is one of the most prevalent and problematic public health issues that poses a wide range of safety and health risks, impacting physical, social and emotional well-being. Substance misuse, involving alcohol, illicit drugs, misuse of prescription drugs, or combinations of all of these behaviors, is associated with a complex range of negative consequences for health and wellbeing of individuals, families and communities. In addition to contributing to both acute and chronic disease and injury, substance abuse is associated with destructive social conditions, including family dysfunction, lower prosperity, domestic violence and crime.

Alcohol remains the most prevalent substance misused in the United States and in New Hampshire. Underage drinking, binge drinking, regular heavy drinking and drinking during pregnancy are some forms of alcohol misuse that pose highest risk. Marijuana is the illicit drug most likely to be used by teens and young adults. A majority of people being admitted to treatment programs in NH cite marijuana as a primary or secondary reason for seeking treatment. Marijuana use has a wide range of effects, particularly on cardiopulmonary and mental health, and is also known to be a contributing factor leading to the use of other drugs. The chart below displays trends in current substance misuse (reported use in the past 30 days) among high school aged youth in the Pemi-Baker Region, which show a significant decline in use rates in recent years.



Data Source: Teen Assessment Project (TAP) Survey, 1999-2014

Despite the gains noted among youth substance misuse on the previous chart, the misuse of prescription drugs, particularly prescription pain relievers, has significantly increased in the state and nation as a risk to individual health and can be a contributing factor leading to misuse of other drugs including heroin and a cause of unintentional overdose and mortality. The table below displays data describing the significant rise of opioid misuse in the region and the state, which has become epidemic.

| Geographic Area | Percent Increase in Emergency Department Visits for Opioid Misuse; 2013 to 2014 | Percent Increase in Opioid Related Deaths; 2013 to 2014 |
|-----------------|---|---|
| Grafton County | 17% | 70% |
| New Hampshire | 112% | 76% |

Data Sources: NH Emergency Medical Services and Office of the Medical Examiner, 2013-2014

Regional Initiatives and Opportunities

Regional assets and opportunities for supporting work in this area include:

- The Central NH Region has had three local coalitions that are each working at the community-level to bring stakeholders together to develop a change in local contributing factors, including perception of risk, perception of peer and parent disapproval, and access to substances.
 - CADY (Communities for Alcohol- and Drug-Free Youth) and Lin-Wood Coalition for a Healthy Community are well established entities with very active membership, including youth leadership and positive youth development programs, strong relationships, and stellar outcomes in their respective communities.
 - In recent months, a newly emerging grassroots coalition, Stand Up Newfound (S.U.N.), is forming in response to community concern over the opioid epidemic.
- The Plymouth Police Department in collaboration with CADY and Spear Memorial Hospital hosts a medication drop box in the region.
- There are high levels of readiness and partnerships to address these issues as evidenced by the extensive collaborations and underwriting of CADY initiatives and local youth programs by community partners over many years to include the annual CADY Regional Prevention Summit which routinely draws up to 200 participants.

- Alignment of regional efforts with the State Plan for Reducing Substance Misuse and Promoting Recovery: Collective Action, Collective Impact
- Efforts are guided by a community engagement model that benefits from the participation of six core community sectors that impacted by substance use disorders and that play a valuable role in community-based and sector-specific best practice efforts. The six sectors are identified as: Business, Education, Health, Safety, Government and Community Based Supports.

Goals, Objectives and Strategic Approach

(Also refer to the separate Central Region 2016-2019 Substance Misuse Prevention Strategic Plan for additional detail on specific prevention goals, objectives and strategies.)

| | |
|---------------|---|
| Goal 1 | Decrease the percentage of high-school aged youth who report using alcohol in the past 30 days from 38.9% to 34% by 2019 |
| Objective 1 | Increase perception of peer disapproval of alcohol use from 46.1% to 51.9% |
| Objective 2 | Increase the perception among high-school aged youth that their parents think it is wrong or very wrong for youth to drink alcohol regularly from 78% to 86%. |
| Objective 3 | Decrease the perception among high-school aged youth that it is easy or very easy to access alcohol from 46% to 39%. |
| Goal 2 | Decrease the percentage of high-school aged youth who report using marijuana in the past 30 days from 28% to 24% by 2019 |
| Objective 1 | Increase the percent of high school aged youth who report that guardians have clear rules and standards for their behavior from 77% to 80% |
| Objective 2 | Decrease the perception among high school aged youth that it is easy or very easy to access marijuana from 57% to 44%. |
| Objective 3 | Increase the perception among high school aged youth that individuals who use marijuana regularly put themselves at great risk of harm from 18.5% to 22% |

| | |
|--------------------------------|---|
| Goal 3 | Decrease the percentage of high school aged youth who report misusing prescription drugs in the past 30 days from 12% to 8% by 2019 |
| Objective 1 | Increase the perception among high school aged youth that individuals who misuse prescription drugs put themselves at great risk of harm from 69% to 71%. |
| Objective 2 | Decrease the perception among high school aged youth that it is easy or very easy to access prescription drugs from 22% to 15% |
| Objective 3 | Increase the perception among high school aged youth that their friends think it is wrong or very wrong for youth to misuse prescription drugs from 72.5% to 80% |
| Goal 4 | Decrease the percentage who report bingeing on alcohol in the past 30 days: <ul style="list-style-type: none"> ○ High school aged youth: from 22.7% (2013) to 18% (2019) ○ Young adult college students: from 53% (2015) to 49% (2019) ○ Adults: from 20.7% (2014) to 18% (2019) |
| Objective 1 | Increase the perception among high school aged youth that it is easy or very easy to access alcohol from 46.3% to 39%. |
| Objective 2 | Increase the perception among high school aged youth that individuals who binge drink put themselves at great risk of harm from 30% to 40%. |
| Objective 3 (developmental) | Increase the perception among college students that individuals who binge drink put themselves at great risk of harm. |
| Objective 4 (developmental) | Increase the perception among adults that individuals who binge drink alcohol put themselves at great risk of harm. |
| Goal 5 | Decrease the number of opioid-related deaths in Grafton County from 17 (2014) to less than 10 by 2019. |
| Objective 1 | Decrease the number of Opioid-related ER visits in Grafton County from 28 (2014) to less than 24 |

| | |
|---------------|--|
| Objective 2 | Decrease the percentage of high school aged youth who report using heroin one or more times during their life from 5.8% to 3%. |
| Goal 6 | Increase local capacity to address substance misuse and addiction across the region |
| Objective 1 | Increase the number of operational local community coalitions supporting a full continuum of care (Prevention, Intervention, Treatment, and Recovery) by one by 2019. |
| Objective 2 | Complete an assessment of gaps in services and limitations on access across the substance misuse “continuum of care” prevention-intervention-treatment and recovery supports and services by May 2016. |
| Objective 3 | Develop a regional strategic plan to address identified gaps in services across the continuum of care, including expanded treatment options and peer-based recovery supports by September 2016. |

STRATEGIC APPROACH

STRATEGY 1: Leadership – cultivate expanded leadership, particularly among state lawmakers and policy makers, to improve understanding of the impact of alcohol and other drug abuse in the state; to improve understanding of effective policies, programs and practices to address misuse; and to develop champions for such efforts.

STRATEGY 2: Financial resourcing – advocate for and support adequate, sustained financial resourcing of alcohol and drug abuse prevention, intervention, treatment and recovery supports.

STRATEGY 3: Public education – increase public awareness relative to the harm and consequences of alcohol and drug misuse, treatment and recovery support services available, and that recovery is achievable.

STRATEGY 4: Training and professional development – support training availability and access relative to alcohol and other drug topics for a wide range of professionals and practitioners within different community sectors.

STRATEGY 5: Collaboration – Foster partnerships among key community sectors including alignment of efforts with the financial stability partnership.

STRATEGY 6: Technical assistance – Provide technical assistance to support and enhance efforts of existing local coalitions, to develop local coalitions in additional communities, and to expand treatment services and recovery supports for youth and adults.

STRATEGY 7: Data utilization – continue to collect and share data about the impact of alcohol and drug misuse on individuals, families, communities and community sectors, and about successful efforts to reduce misuse and promote recovery.

STRATEGY 8: Effective policy, practice and programs – promote the implementation of effective policies, practices and programs across and within community sectors and systems and through a combination of direct programming, early intervention and environmental change activities.

PRIORITY AREA 4: Increase Public Health Emergency Preparedness

Background and Importance

Like many other states, New Hampshire is no stranger to public health emergencies resulting from disease outbreaks and epidemics such as H1N1 (Swine Flu) and natural disasters with substantial public health impacts such as ice storms, hurricanes and severe flooding. In order to be well prepared to respond and recover from such emergencies, it is essential for regional emergency preparedness and response partners to build strong relationships and work together in advance on developing, exercising and improving emergency plans and response capabilities.

Equally important to an effective community response to emergencies is the level of Personal Preparedness of individuals and families. Personal Preparedness lessens the impact on families, on workplaces and on communities. While government and voluntary organizations can provide important functions in an emergency, it is important for all citizens to have an understanding of shared responsibilities, including emergency planning for our most vulnerable populations, as well as strategies for increasing self-reliance including identification of personal support networks in an emergency.

| Geographic Area | Percent of adults who feel their household is “well prepared” to handle a large-scale disaster or emergency; 2013 |
|------------------------------|---|
| Central New Hampshire Region | 32% |
| New Hampshire | 32% |

Data Source: NH Behavioral Risk Factor Survey, 2013.

Regional Initiatives and Opportunities

Regional assets and opportunities for supporting this work include:

- The Central NH Health Partnership supports and convenes a Regional Coordinating Committee for public health emergency planning and response including town officials, health officers, emergency management directors, fire/rescue workers, police, schools/university and others to plan for public health emergencies to limit illness and death, preserve continuity of government/business, minimize social disruption and minimize economic loss.
- Strong and consistent participation from a wide-variety of sectors including First Responders, Schools, Safety, Behavioral Health, and Healthcare
- Plans to rapidly provide medicine and/or vaccines to the entire population through Points of Dispensing sites (PODs) are frequently tested and improved.
- The region has also worked hard to build regional emergency volunteer capacity through entities such as the Medical Reserve Corps.
- Regional exercises and improvement planning are conducted on a regular basis
- Frequent information dissemination and training opportunities on Personal Emergency Preparedness

Goals, Objectives and Strategic Approach

| | |
|---------------|---|
| Goal 1 | Increase regional capacity to prepare for, respond to and recover from Public Health Emergencies |
| Objective 1 | Increase the proportion of residents who self-report being “well prepared” to handle a large-scale disaster or emergency to 40% by 2020 (baseline=32%). |
| Objective 2 | Improve Emergency Operations Coordination capabilities at the regional level by strengthening Multi-Agency Coordination Entity (MACE) capacity. |
| Objective 3 | Improve Emergency Public Information and Warning capabilities. |

STRATEGIC APPROACH

STRATEGY 1: Increase personal and household preparedness through community information and education,

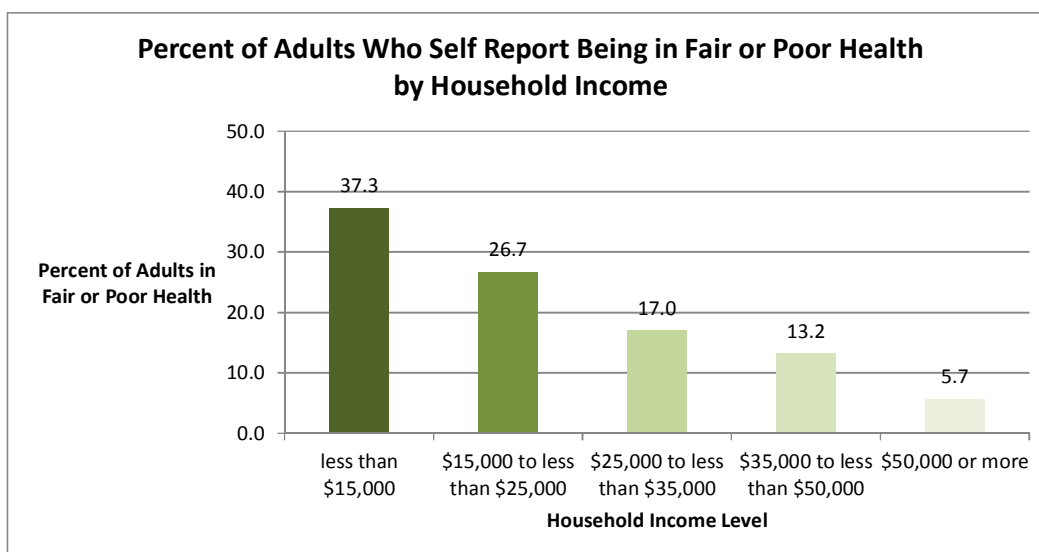
STRATEGY 2: Strengthen multi-agency coordination capabilities through increased partner engagement and staff recruitment, exercising new activation procedures, and continuing education on the role of the Multi-Agency Coordination Entity (MACE).

STRATEGY 3: Develop enhanced capability of the regional public health network to serve as a centralized resource for Emergency Public Information and Warning activities.

PRIORITY AREA 5: Improve Health through Support of Fragile Families & Reduction of Familial Stress

Background and Importance

The relationship between income and health is well documented. The chart below displays the relationship between household income level and the proportion of adults in New Hampshire who report being in fair or poor health.



Data Source: NH Behavioral Risk Factor Survey, 2011-2012

The proportion of young children living in poverty is increasing more quickly than other age groups. Families with young children are also at higher risk of experiencing food insecurity and children living in low-income families are more likely to suffer from malnutrition and underdevelopment than the general population. Low-income is also a substantial risk-factor for many adverse childhood developmental outcomes that put children and their parents at increased vulnerability of compromised long-term health outcomes.⁶

With an aging population, an additional source of increasing stress on families are the caregiving responsibilities borne by middle-aged adults – the so called “sandwich generation”. A recent study by the Pew Research Center found that about one-in-seven middle-aged adults (15%) is providing financial support to both an aging parent

⁶ ZERO TO THREE National Center for Infants, Toddlers and Families. Early Experiences Matter: A Guide to improved policies for Infants and Toddlers. (2009)

and a child at the same time. In addition to providing care and financial support to their parents and their children, nearly four-in-ten (38%) middle-aged adults report that both their grown children and their parents rely on them for emotional support.⁷

Regional Initiatives and Opportunities

Regional assets and opportunities for supporting work in this area include:

- Mid-State Health Center, Speare Memorial Hospital, and Pemi-Baker Community Health are helping community members access health insurance and health care through the Health Insurance Marketplace
- Speare Memorial Hospital will be sponsoring an Elder Care Resource Fair to bring education and awareness of resources for families to assist their aging parents
- The Whole Village Family Resource Center works in partnership with other area agencies to strengthen families by: delivering family support services; being a primary resource for information and referral for area social services; and facilitating collaboration among service providers.
- CADY sponsors the Restorative Justice court diversion program for youth offenders with a focus on repairing harm to the victim. The process takes place with the understanding that community ownership of youth development is a cornerstone of a healthy community.

⁷ Pew Research Center, The Sandwich Generation: Rising Financial Burdens for Middle-Aged Americans, (2013)

Goals, Objectives and Strategic Approach

| | |
|---------------------------------------|--|
| Goal 1 | Improve community health by addressing contributing factors to multi-generational family stress. |
| Objective 1 (developmental) | Increase community understanding of the relationship between poverty and health. |
| Objective 2 | Increase the proportion of Central New Hampshire residents who have health insurance to 92% by 2020 (baseline = 87.5%). |
| Objective 3 (developmental) | Increase education and community supports available to low income families for assistance with parenting and family strengthening. |
| Objective 4 (developmental) | Increase awareness and resources available to families for assistance with aging parents. |

STRATEGIC APPROACH

STRATEGY 1: Disseminate data and other information to the general public to increase community understanding of the relationship between poverty and health

STRATEGY 2: Provide health insurance enrollment assistance in a variety of community settings.

STRATEGY 3: Help all children learn & develop optimally by implementing strategies to strengthen families including linking children to a medical home.

STRATEGY 4: Sponsor education and outreach activities to bring education and awareness of resources for families to assist their aging parents.

Summary

It is not possible for a single organization or individual to achieve the large scale impact necessary to improve the overall health of the Central New Hampshire Region as outlined by this Community Health Improvement Plan. The success of this endeavor hinges on the ability of the community to embrace a shared vision and common agenda and to leverage our existing resources and expertise to ensure a collective impact approach to community health improvement.


Collective Impact occurs when organizations from different sectors agree to solve specific health and social problems using a common agenda, aligning their efforts, and using common measures of success.

The Five Conditions of Collective Impact⁸

| | |
|--|---|
| Common Agenda | All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions. |
| Shared Measurement | Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable. |
| Mutually Reinforcing Activities | Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action. |
| Continuous Communication | Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation. |
| Backbone Support | Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies. |

The process to date for developing the Central NH Public Health Region Community Health Improvement plan has encompassed the five components of the collective model to ensure an inclusive and effective plan. This process has engaged a wide array of stakeholders including the community at large to: determine priority areas of

⁸ Kania, J., Kramer, M., Collective Impact. 2011: Stanford Social Innovation Review.



concern; support the development of a common vision for community health; identify multi-sector, cross-cutting strategies; conduct outreach to existing and new communication channels for dissemination of information; and develop a shared focus on measurable outcomes for monitoring progress and facilitating accountability.

The Central New Hampshire Public Health Advisory Council challenges YOU to find a way to utilize your strengths – both personally and organizationally – to support the implementation of this Community Health Improvement Plan. We must all share in the responsibility of caring for our community’s health and well-being. The future growth and vitality of the Central New Hampshire Region depends on it.



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With Technical Assistance and Support from the New Hampshire Community Health Institute/JSI
and funding from NH Division of Public Health Services and Bureau of Drug and Alcohol Services.